

BRIDGEWATER BOARD OF HEALTH

Academy Building
66 Central Square
Bridgewater, MA 02324

Please fill out and return to the Bridgewater Transfer Station with check or money order only.

Auto Registration#: _____

Name: _____
Last Name First Name

Address: _____

Phone Number: _____

Date: _____ Check\Money order#: _____ Amount Paid: _____
Make checks payable to the Town of Bridgewater

Collector's initial: _____ Sticker#: _____ Expires
Month Year

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